

Informed Consent for Cosmetic Acupuncture / Facial Rejuvenation Treatment

INSTRUCTIONS: This is an informed consent document that has been prepared to help your Acupuncturist inform you concerning Cosmetic Acupuncture treatments, the risks involved and possible alternatives. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page, and sign the consent form for Cosmetic Acupuncture Treatment at the bottom of page 2, as proposed by your Acupuncturist.

INTRODUCTION: A Cosmetic Acupuncture treatment involves the insertion of very thin Acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of Qi (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a Cosmetic Acupuncture treatment addresses the entire body constitutionally, and is not merely "cosmetic." Cosmetic Acupuncture is no way analogous to, or a substitute for, a surgical "face lift." A treatment session may confine itself solely to Cosmetic Acupuncture, or it may be used in conjunction with other procedures.

BENEFITS: Cosmetic Acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion and flesh out sunken areas. Customarily, fine wrinkles will disappear, and deeper ones be reduced.

ALTERNATIVE TREATMENT: Improvement of sagging skin, wrinkles and fatty deposits may be attempted by other treatments or surgery such as a surgical facelift, chemical face peels or liposuction. Risk and potential complications are associated with these alternative forms of treatment.

RISKS OF A COSMETIC ACUPUNCTURE: Every procedure involves a certain amount of risk and it is important that you understand the risks involved with Cosmetic Acupuncture. An individual's choice to undergo Cosmetic Acupuncture is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your Acupuncturist to make sure you understand the risks, potential complications and consequences of Cosmetic Acupuncture.

BLEEDING: It is possible, though very unusual, that you may have problems with bleeding during a Cosmetic Acupuncture Treatment. Should post-Acupuncture bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise or hematoma, which will resolve itself.

INFECTION: Infection is very unusual after a Cosmetic Acupuncture Treatment. Should an infection occur, additional treatment, including antibiotics, may be necessary.

DAMAGE TO DEEPER STRUCTURES: Deeper structures such as blood vessels and muscles are rarely damaged during the course of a Cosmetic Acupuncture treatment. If this does occur, the injury may be temporary or permanent.

ASYMMETRY: The human face is normally asymmetrical. Thus, there can be a variation from one side to the other in the results attained from Cosmetic Acupuncture treatment.

BRUISING AND PUFFINESS: There is a possibility of bruising (hematomas), puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.

NERVE INJURY: Injuries to the motor or sensory nerves rarely result from Cosmetic Acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or, more rarely, permanent numbness. Painful nerve scarring is very rare.

NEEDLE SHOCK: Needle shock is a rare complication after a Cosmetic Acupuncture treatment.

UNSATISFACTORY RESULT: Individual results will vary depending on age and lifestyle factors. There is the possibility of an unsatisfactory result from Cosmetic Acupuncture treatments.

ALLERGIC REACTIONS: In rare cases, local allergies to topical preparations and skin care products have been reported.

DELAYED HEALING: Delayed wound healing or wound disruptions are rare complications experienced by clients in the aftermath of Cosmetic Acupuncture treatment. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.

LONG-TERM EFFECTS: Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to Cosmetic Acupuncture. Cosmetic Acupuncture does not arrest the aging process or produce permanent tightening of the face and neck. Maintenance treatments, or other treatments, may be necessary to maintain the results of Cosmetic Acupuncture.

EXTENDED HEALTH COVERAGE: If your Extended Health coverage includes Acupuncture treatments, most plans will also cover Cosmetic Acupuncture treatments providing they are performed by a CTCMA Registered Acupuncturist. Please carefully review your Extended Health Insurance policy information pamphlet or contact your insurer directly.

ADDITIONAL CARE NECESSARY: There are many variable conditions in addition to risk and potential complications that may influence the long term result from Cosmetic Acupuncture treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with a Cosmetic Acupuncture treatment. Other complications and risks can occur but are even more uncommon. Should complications occur, other treatments may be necessary. The practice of Acupuncture is not an exact science. Although good results are expected, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

FINANCIAL RESPONSIBILITIES: The cost of a Cosmetic Acupuncture treatment involves several charges for the services provided and includes fees charged by your Acupuncturist, the cost of Acupuncture supplies and skin care products/ or topical preparations. Regardless of whether the cost of your Cosmetic Acupuncture is covered by an insurance plan, you will be responsible for paying for the services in full at each treatment appointment.

DISCLAIMER: Informed-consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining alternative methods of care and risks encountered. Informed consent documents are not intended to define or serve as the standard of Acupuncture. Standards of Acupuncture are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent below.

Consent for Cosmetic Acupuncture Procedure or Treatment

1. I hereby authorize Shelly Wade, CTCMA Registered Acupuncturist to perform the following: Cosmetic Acupuncture / Facial Rejuvenation Treatment. I have received and reviewed the 'Informed Consent for Cosmetic Acupuncture Treatment'.
2. I recognize that during the course of Cosmetic Acupuncture treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above Acupuncturist and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my Acupuncturist at the time the procedure is begun.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. It has been explained to me in a way that I understand:
 - a. The above treatment or exposure to be undertaken.
 - b. There may be alternative procedures or methods of treatment.
 - c. There are risks to the procedure or treatment Proposed.

I CONSENT TO THE TREATMENT OR PROCEDURE, THE ABOVE-LISTED ITEMS (1-4). I AM SATISFIED WITH THE EXPLANATION.

Client Signature _____

Date _____

Print Name _____

Address _____

Phone _____

City/ Prov _____

Email _____

Referred By _____